

**Amendment No. 4 to SB1935**

**Bell  
Signature of Sponsor**

**AMEND Senate Bill No. 1935**

**House Bill No. 1896\***

by deleting subsections (a) and (b) in Section 63-6-241 of the amendatory language of SECTION 4 in their entirety and by substituting instead the following new language:

(a) A physician licensed pursuant to this chapter may only practice interventional pain management if the licensee is either:

(1) Board certified through the American Board of Medical Specialties (ABMS) or the American Board of Physician Specialties (ABPS)/American Association of Physician Specialists (AAPS) in one of the following medical specialties:

(A) Anesthesiology;

(B) Neurological surgery;

(C) Orthopedic surgery;

(D) Physical medicine and rehabilitation;

(E) Radiology; or

(F) Any other board certified physician who has completed an ABMS subspecialty board in pain medicine or completed an ACGME-accredited pain fellowship;

(2) A recent graduate in a medical specialty listed in (a)(1) not yet eligible to apply for ABMS or ABPS/AAPS board certification; provided, there is a practice relationship with a physician who meets the requirements of subdivision (a)(1) or an osteopathic physician who meets the requirements of § 63-9-119(a)(1);

(3) A licensee who is not board certified in one of the specialties listed in subdivision (a)(1) but is board certified in a different ABMS or

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ABPS/AAPS specialty and has completed a post-graduate training program in interventional pain management approved by the board;

(4) A licensee who serves as a clinical instructor in pain medicine at an accredited Tennessee medical training program; or

(5) A licensee who has an active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the Commission on Accreditation of Rehabilitation Facilities or any successor organization.

(b) For purposes of this section, interventional pain management is the practice of performing invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine in any setting not licensed under title 68, chapter 11.

AND FURTHER AMEND by deleting Section 63-9-119 of the amendatory language of SECTION 5 in its entirety and by substituting instead the following new language:

63-9-119.

(a) A physician licensed in this chapter may only practice interventional pain management if the licensee is either:

(1) Board certified through the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS)/American Association of Physician Specialists (AAPS) in one of the following medical specialties:

(A) Anesthesiology;

(B) Neuromusculoskeletal medicine;

(C) Orthopedic surgery;

(D) Physical medicine and rehabilitation;

(E) Radiology; or

(F) Any other board certified physician who has completed an ABMS subspecialty board in pain medicine or completed an ACGME-accredited pain fellowship;

(2) A recent graduate of a medical specialty listed in subdivision (a)(1) not yet eligible to apply for AOA or ABPS/AAPS specialty certification; provided, there is a practice relationship with an osteopathic physician who meets the requirements of subdivision (a)(1) or a physician who meets the requirements of § 63-6-241(a)(1);

(3) A licensee who is not board certified in one of the specialties listed in subdivision (a)(1) but is board certified in a different AOA or ABPS/AAPS specialty and has completed a post-graduate training program in interventional pain management approved by the board;

(4) A licensee who serves as a clinical instructor in pain medicine at an accredited Tennessee medical training program; or

(5) A licensee who has an active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the Commission on Accreditation of Rehabilitation Facilities or any successor organization.

(b) For purposes of this section, interventional pain management is the practice of performing invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine in any setting not licensed under title 68, chapter 11.

(c) The board is authorized to define through rulemaking the scope and length of the practice relationship established in subdivision (a)(2).

(d) An osteopathic physician who provides direct supervision of an advanced practice nurse or a physician's assistant pursuant to § 63-7-126 or § 63-19-107 must meet the requirements set forth in subdivision (a)(1) or (a)(3).

(e) An osteopathic physician who violates this section is subject to disciplinary action by the board pursuant to § 63-9-111, including, but not limited to, civil penalties of up to one thousand dollars (\$1,000) for every day this section is violated.